

EDITORIALS

HEALTH DOLES

The illuminating and undisputed fact that Britain's unemployment dole is producing increasing numbers of persons who prefer the dole without work to work without the dole has spread to beneficiaries under the health insurance law where the increase of malingering has alarmed Mr. Neville Chamberlain, Minister of Health, who announces that the drain on the insurance funds has increased a million pounds during the last three months. He warns that the danger from malingerers "who by constant visits and complaints, urge reluctant doctors to give them certificates of incapability to work," and the tendency of others "to magnify minor ailments and claim sickness benefits" may have to be met by tightening up of administration regulations.

Evidence, none the less significant, with its roots in the same social quagmire, is supplied in the United States by the increasing number of people who complacently accept "free" government help as a satisfactory substitute for thrift, self-reliance, and personal independence, once considered a fundamental element of self-respect and a requisite of good citizenship.

This is not, as so often stated, so much a physician's problem as it is a community, state, national and world problem. The maximum swing of the pendulum is individual responsibility, thrift, and self-reliance at one end and communistic overlordship with submergence of the individual at the other end.

True, doctors are intensely interested somewhat in a personal way, but particularly from the point of view of public welfare. As individuals they are perhaps more interested than members of other callings in the same boat because health is and always has been the great experimental field of socialistic movements. Equally interesting is the fact that when socialism or communism breaks, as it always does when it reaches certain stages, the health field is one of the first to be restored to a semblance of sanity and order. Witness communistic Russia, where having drunk the bitter dregs of communistic overlordship to an extent never before recorded, we see signs of returning sanity, one of the first and most hopeful of which is what appears to be an intelligent effort to restore medical and health agencies and services on an intelligent foundation.

They haven't traveled far on the return road, but they are headed again toward safety, while some other countries continue on the out trail.

Sugar-coated health doles of many shapes, varieties, and sizes are the energizing traffic power on the out trail. The sugar coating is thick and sweet to the novice, and a paternalistic government who supplies them will continue popular until the bitterness which is the substance of the thing begins to filter through, as it is now among people just ahead of us on the road we are traveling.

THE DOCTOR'S LIBRARY

In no other way is the broadening of medical knowledge and service being more clearly demonstrated than in the widening scope of medical literature.

The conventional walls around doctors' libraries are being broken down; those who formerly were almost exclusively medical publishers are printing and promoting books dealing with every phase of life, and outside publishers are invading the field of scientific medicine. This is encouraging, even though it is making progress by returning to conditions of other days.

Many books most useful to the physician of today are not published by what are known as medical publishing houses, and many of the books most serviceable to physicians published by these houses are not what a few years ago would have been classed as medical books. A similar broadening is noticed in both scientific and popular periodical literature. Much current information of value to physicians is appearing in increasing quantity and variety in the better class non-medical magazines, and the most useful medical periodicals accept material that only a few years ago they would have scorned to publish.

The crumbling of these walls, the breaking down of hypothetical distinctions between doctors, patients and other average citizens is wholesome and promises to advance the cause of personal and public health and to add new values and responsibilities to the service man of health.

It's the person who needs the doctor's attention and not the disease or the "case." That more and more doctors are treating diseases and complaints less as abstract troubles and paying increasing attention to the needs of the individual—the personality—as a whole and applying remedies and advice based upon broader understanding of life and its normal and malfunctions as they bear upon the individual as a whole is a fact destined to add a new chapter to medical progress.

Rapidly accumulating, widely published results of carefully made examinations are showing that there are few, if indeed there are any, individuals entirely free from defects and infirmities that cry loudly for relief. The doctor who devotes his whole energies to discovering and ameliorating these defects in their early and correctable stages has an exceedingly promising future.

WHO PAYS THIS DEFICIT?

It is quite generally known to hospital executives that the rates paid by state and private insurance companies for service to their policyholders is less than the cost of the service to the hospitals.

In California the charity thus given to both state and private industrial insurance companies absorbs a considerable proportion of the funds donated by the public under the impression that they are assisting in a worthy service to the poor.

CALIFORNIA AND WESTERN MEDICINE has invited attention to this wrong a number of times without producing any apparent result locally. Now others are taking up the subject, and it is only a question of time until insurance companies will be required to pay legitimate hospital costs, and funds